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To this day, I remember the look of disgust on our superintendent's face as she said, "Fishing! such nasty work, and some call it fun."

So I repeat, get an interest in something,—if it's only clothes or fishing.

A mother I know said she would enjoy better having Elisabeth come home to Vermont if she'd only leave her "cases" in Boston. (Cases! poor overworked word!) And this mother was a woman of large sympathy, always first to aid a sick and poor neighbor.

Let us, when we are not nursing, follow the example of Mrs. Wiggs, who put, or rather, made it a practice to put, all her worries down in the bottom of her heart, then sat on the lid and smiled. We can put all the "cases" in a box, "shut the lid and set on it." Then smile. It was Mrs. Wiggses' way. It's a man's way and the wisest. Doing this, I'll feel you've already acquired one more interest, namely, in this plea against too much shop talk.

EYE EXAMINATION, TREATMENT, AND OPERATION

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REMOVAL OF EYEBALL (*Enucleation*)

THE entire eyeball is frequently removed for penetrating wounds which have practically destroyed the globe, for foreign bodies in the eye which cannot be extracted, and for malignant growths. The eyeball should be enucleated in bad injuries of the ciliary region (cornea margin) when it is clear that the eye will be sightless, and to prevent any chance of loss of vision (sympathetic ophthalmia) in the good or uninjured eye. The operation is performed under a general anæsthetic and requires the usual preparation for a major surgical operation. The local preparation consists in cleansing the lids and skin about the eye with soap and water, flushing the conjunctival sac with boracic acid solution, and applying bichloride ointment 1-3000, and a pad and bandage over night. As enucleation of the globe is a common eye operation, its preparation should be carefully observed. The instruments required are an eye speculum, fixation forceps, strabismus scissors and hooks, strong

curved scissors for cutting the optic nerve, needle holder, curved needles, black silk for suture material, bichloride ointment, sterile gauze pads, and a roller bandage.

METHOD OF APPLYING LEECH TO TEMPLE

A leech is sometimes applied to the temple for painful eye inflammations to draw blood from the region of the affected eye. The skin should not be cleaned with a medicated solution as the leech might refuse to bite. The temple area may, however, be washed with soap and water and rinsed clean if desired. The skin at some point is then slightly scarified with a sterile needle to draw a drop of blood to the surface. To force the leech to bite, it is dropped into a bottle and held against the temple at this point until it takes hold. The leech may be allowed to stay on for at least fifteen or twenty minutes or until it is full of blood and drops off. Sometimes a leech is applied by merely holding it in a towel against the temple until it bites. A bit of cotton should be inserted in the ear canal on that side to avoid any possibility of the leech wiggling loose and getting into the ear. Leeches can usually be secured at the larger pharmacies.

PRINCIPLES OF TREATMENT IN EYE AFFECTIONS

The various eye drops and eye lotions used in the treatment of affections of the eye are known as eye washes or *collyria*. The nurse should avoid using solutions in the eye above the strength usually specified. Simple inflamed eyes, due to obvious causes, may be washed with antiseptic liquids; but such medicinal solutions as atropine sulphate 1 per cent., homatropine hydrobromate 1 per cent., eserine sulphate $\frac{1}{2}$ of 1 per cent., cocaine 1 per cent., etc., should never be used except on a direct order from the physician in charge. As the eye is an extremely sensitive and delicate organ and easily irritated, all liquids used as eye drops should be clean and free from dust or musty sediment. Frequent filtering may be necessary to keep eye solutions clear. It is often of advantage to preserve some eye solutions in tinted bottles out of the chemical action of the light.

Protective measures of various kinds such as eye shades, smoked glasses, light bandaging, etc., are used to shut out bright light, wind, dust, and in some cases to give mechanical support.

Poison bottles are often made in a special manner—such as colored or with a rough edge so as not to be easily mistaken if handled in the dark. Labels also may be made more or less distinctive.

All cases of iritis, sympathetic ophthalmia, ulcers of the cornea, and

cataract cases are usually kept in a darkened room or have the eyes heavily shaded. In the examination of infants, lid retractors will probably be required. In treating purulent conjunctivitis all waste material used should be immediately removed and destroyed by burning. Great care must be taken in these cases to avoid infection of a patient's good eye as well as to protect the nurse's own eyes. It is permissible to suggest to adults with cross-eyes that the eye may be straightened by an operation. While the sight, as a rule, will not be improved the cosmetic results are sometimes astonishing and the patient is usually saved the life-long mortification of appearing before the world disfigured.

Eye Cleansing and Irrigations.—Cleansing solutions are applied usually with a well-filled eye dropper. By pulling down the lower lid slightly and allowing the fluid to run from the outer angle of the eye along the inner surface of the lower lid, a large surface of the globe may be thoroughly flushed. Collect the overflow near the nose on a piece of dry absorbent cotton. The eye should be washed until free from foreign material or pus.

In placing a single drop of a medicated eye solution in the eye, never drop it directly on the cornea or ball of the eye itself but pull down the lower lid and place the drop upon the inner surface of the lid. This procedure will prevent the patient from jumping unexpectedly. The medicated fluid is quickly dispersed over the anterior surface of the globe by winking. A saturated solution of boric acid is the most frequent solution used for eye irrigating, and is a very good one. Clean warm water, sterile normal salt solution, mercuric chloride 1-10000 etc., are also much used. Irrigation means the actual use of a considerable quantity of fluid in some form of an irrigating apparatus providing a continuous flow.

Eye Ointments.—Eye ointments are usually applied by pulling down the lower lid and placing a moderate quantity of the eye salve on the inner surface of the lid next to the eye. The ointment quickly melts and spreads over the eyeball. Ointments are frequently put up in collapsible tin tubes with a special point for easy application.

Cold.—Cold compresses are much used for lid swelling and inflammation. Method of application: Cut a number of small square pads of cloth, moisten, and lay on a block of ice. Transfer bits of cloth from ice block to lids, changing frequently. Cold compresses wrung out of ice water may also be used.

Heat.—Hot water baths and hot eye compresses are often prescribed in inflammations of the cornea, iris, and ciliary body. Heat is applied to the eye by means of flannel cloths wrung out of hot water and used

as hot as can be borne without burning. The most practical method of applying fomentations is to place three or four wads of cotton rolled up like a torpedo in a bowl of hot water and then pick up the hot saturated cotton on the end of a wooden stick transferring direct from bowl to eye. By bending over the bowl, the patient's clothes will not be soiled and the hands need not come in contact with the water. If the water is too hot, the dripping cotton may be held a moment in the air to cool. Fomentations should be used from ten to twenty minutes at a time and often several times daily. Fifteen minutes by the watch is a good average.

First Aid to the Injured in Eye Accidents.—Apply clean vaseline to margin of lids and protect the eye with an improvised pad and bandage. Nothing serious in the way of additional injury is likely to happen while the patient is being taken to a specialist for treatment. The character or extent of eye wounds changes very little during the first two or three hours following injury. In penetrating wounds of the eye, if the particle is in such a position that it can be seen and easily picked out, it is permissible to do so, otherwise the eye should be bandaged and let alone until inspected by the oculist. Burns of the eye should be treated at once by removing as much of the offending material as possible and then flushing with oil. Instillations of oil is good treatment in any kind of an eye burn.

(To be continued)

A JAPANESE VIEW OF NURSING

MISS HELEN SCOTT HAY writes from Japan: "The following clipping from the *Japanese Advertiser* seemed fine enough in its tone, in the attitude of Japanese medical men to nursing, to be of interest to JOURNAL readers:

"The fact that since the beginning of his illness the imperial patient has not had the attendance of any nurses has been and is still being discussed among medical experts. The opinion of the court physicians is that, as the Emperor is carefully attended by many skilful physicians day and night, there is no need for calling in any nurses, but some physicians declare that the business of nursing is quite alien to the physician's profession and that none can nurse the sick so well as the well-trained nurse. In other words, they say, physicians may be said to be the generals or officers of an army, while nurses are the rank and file and each has an independent line of duty which the other cannot fulfill with any satisfaction.

"Acting on this opinion, the Meiji Physicians Association made an appeal to the Ministry of the Imperial Household on Thursday night in behalf of the employment of skilful nurses to attend the imperial patient all the time. The Association embraces over a thousand physicians throughout the country."